

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876) | | | | | | SERIAL NO. 101088049 | FILING DATE | | |
|----------------------------------------------------------------------------------|------|------------------------|------|------------------------|------|--------------------------------|-------------|------|------|
| | | | | | | APPLICANT(S) | | | |
| | | | | | | CLAIMS | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | * | * | * |
| IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | INC. | DEP. |
| 1 | 1 | | | | | 51 | | | |
| 2 | 1 | | | | | 52 | | | |
| 3 | 1 | | | | | 53 | | | |
| 4 | 1 | | | | | 54 | | | |
| 5 | 1 | | | | | 55 | | | |
| 6 | 1 | | | | | 56 | | | |
| 7 | 3 | | | | | 57 | | | |
| 8 | 1 | | | | | 58 | | | |
| 9 | 1 | | | | | 59 | | | |
| 10 | 1 | | | | | 60 | | | |
| 11 | 1 | | | | | 61 | | | |
| 12 | 1 | | | | | 62 | | | |
| 13 | 1 | | | | | 63 | | | |
| 14 | 1 | | | | | 64 | | | |
| 15 | 1 | | | | | 65 | | | |
| 16 | 1 | | | | | 66 | | | |
| 17 | 1 | | | | | 67 | | | |
| 18 | 1 | | | | | 68 | | | |
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| 50 | | | | | | 100 | | | |
| TOTAL IND. | | | | | | TOTAL IND. | | | |
| TOTAL DEP. | | | | | | TOTAL DEP. | | | |
| TOTAL CLAIMS | | | | | | TOTAL CLAIMS | | | |